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naintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 46135 7590 01/05/2007 KLAROUIST SPARKMAN, LLP FILED VIA ELECTRONIC FILING SYSTEM 121 S.W. SALMON STREET **SUITE 1600** PORTLAND, OR 97204 APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/822,904 04/12/2004 Paul A. Rota 6395-67788-01 7102 FITLE OF INVENTION: NOVEL CORONAVIRUS ISOLATED FROM HUMANS SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE APPLN. TYPE PREV. PAID ISSUE FEE **TOTAL FEE(S) DUE** DATE DUE nonprovisional NO \$1400 \$0 \$0 \$1400 04/05/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS** CAMPELL, BRUCE R 1648 536-023720 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list ı Klarquist Sparkman LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Government of the United States of America Atlanta, Georgia as represented by the Secretary of the Department of Health and Human Services, Centers for Disease Centrol and Prevention
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